

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

Ohio State Medical Association Political Action Committee

ADDRESS (number and street)

3401 Mill Run Dr

Check if different  
than previously  
reported. (ACC)

Hilliard

OH

43026

9078

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00003327

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Timothy I. Maglione

Signature of Treasurer

Electronically Filed by Timothy I. Maglione

Date

07

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**

(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Ohio State Medical Association Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		217407.94
(b) Cash on Hand at Beginning of Reporting Period .....	182703.47	
(c) Total Receipts (from Line 19) .....	44334.27	91374.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	227037.74	308782.91
7. Total Disbursements (from Line 31) .....	45146.79	126891.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	181890.95	181890.95
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25896.33	42394.66
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	18353.77	45151.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	44250.10	87546.14
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	44250.10	87546.14
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	84.17	3828.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	44334.27	91374.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44334.27	91374.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	600.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	600.65
22. Transfers to Affiliated/Other Party Committees.....	9180.00	23390.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-3272.58	-3272.58
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	39239.37	106173.89
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	45146.79	126891.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45146.79	126891.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	44250.10	87546.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44250.10	87546.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	600.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	600.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Evangeline C Andarsio

Mailing Address 841 Timberlake Ct

City

Kettering

State

OH

Zip Code

45429-3495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Andarsio & Morales MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: T24150

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Samia W Borchers

Mailing Address 111 Thruston Blvd W

City

Dayton

State

OH

Zip Code

45419-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Samia W Borchers MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: T24144

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Johannes O Olsen

Mailing Address 4645 Stonehaven Dr

City

Columbus

State

OH

Zip Code

43220-2855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ohio State University  
Medical Cent

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: T24151

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mary Jean Wall

Mailing Address 251 Euclid Ave

City

Bellevue

State

OH

Zip Code

44811-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Permanente Medical  
Group IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 8

Transaction ID: T24212

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

B.

Full Name (Last, First, Middle Initial)

Dr. Harris Slavin Schild

Mailing Address 3925 Deerpath Dr

City

Sandusky

State

OH

Zip Code

44870-6088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Eye Team IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: T24239

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

C.

Full Name (Last, First, Middle Initial)

Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Womens Care IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: T23245

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

683.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles E Smith

Mailing Address 5320 Plain Center Ave NE

City

Canton

State

OH

Zip Code

44714-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diabetes & Endocrinology  
Associates Of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Doctor

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: T24293

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Edward Syzek

Mailing Address 6386 Turpin Hills Dr

City

Cincinnati

State

OH

Zip Code

45244-3559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Health Care Servi-  
ces Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Doctor

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: T24298

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marvin Horton Rorick, III

Mailing Address 8020 Peregrine Ln

City

Cincinnati

State

OH

Zip Code

45243-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverhills Healthcare Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Doctor

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: T24299

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Karl William Kumler, Jr.

Mailing Address 2658 Brentwood Rd

City

Bexley

State

OH

Zip Code

43209-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Bone Joint & Hand  
Surgeons In

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: T24297

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Erik Kose

Mailing Address 4015 Albon Rd

City

Monclova

State

OH

Zip Code

43542-9340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pulmonary & Critical Care  
Specialists

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: T24339

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Aaron Christophe Mack

Mailing Address 122 W North Broadway St

City

Columbus

State

OH

Zip Code

43214-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Canyon Eye Associates Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: T24340

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles Joseph Hickey

Mailing Address 1590 Barrington Rd

City

Columbus

State

OH

Zip Code

43221-3882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Ophthalmology As-  
sociates IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: T24354

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Wu-Shung Chuang

Mailing Address 395 Edgemoor Pl

City

Oberlin

State

OH

Zip Code

44074-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oberlin Internal Medicine  
Associates IOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: T24364

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Stannard Baird Pfahl, Jr.

Mailing Address 922 Hidden Valley Dr

City

Huron

State

OH

Zip Code

44839-2688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

Transaction ID: T24385

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Damon Matthew Whitfield

Mailing Address 326 Olentangy Ridge Pl

City

Powell

State

OH

Zip Code

43065-9657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Carmel Health Partners

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

Transaction ID: T24376

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Claire V Wolfe

Mailing Address 5521 Indian Hill Rd

City

Dublin

State

OH

Zip Code

43017-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Orthopedic Center Of Excellence I

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24415

Amount of Each Receipt this Period

300.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Donna Ailport Woodson

Mailing Address 1400 River Rd

City

Maumee

State

OH

Zip Code

43537-3552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Toledo College Of Medicine

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24466

Amount of Each Receipt this Period

300.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Joseph Wyderski

Mailing Address 164 EarlsGate Rd

City

Dayton

State

OH

Zip Code

45440-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miami Valley Hospital

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24467

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gerald Melville Penn

Mailing Address 2800 Squires Ridge

City

Columbus

State

OH

Zip Code

43220-6201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gerald M Penn MD PhD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24419

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Dean Robinson

Mailing Address 2323 Carrington St NW

City

North Canton

State

OH

Zip Code

44720-8183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atrium OB/GYN Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24491

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lance Allen Talmage, Jr.

Mailing Address 4395 Briarwood Dr

City

Copley

State

OH

Zip Code

44321-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anesthesiology Associates  
Of Akron Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24424

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Roger Scott Stienecker

Mailing Address 830 W High St Ste 255

City

Lima

State

OH

Zip Code

45801-5916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Infectious Disea-  
ses And Infus

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24479

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Philip Cecil Stiff, Jr.

Mailing Address 2455 S Country Club Pkwy

City

Toledo

State

OH

Zip Code

43614-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P C Stiff Jr MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24468

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Donald Bruce Marshall

Mailing Address 7532 Scandinavia Dr

City

Maumee

State

OH

Zip Code

43537-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24462

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eduardo Patricio Martinez

Mailing Address 550 Masters Ln

City

Avon Lake

State

OH

Zip Code

44012-2273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Russell Berkebile &  
Associates

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24434

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Joseph Masters

Mailing Address 7775 Annesdale Dr

City

Cincinnati

State

OH

Zip Code

45243-4059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Professional Radiology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24423

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James David Moore

Mailing Address 2925 Oldtown Valley Rd SW

City

New Philadelphia

State

OH

Zip Code

44663-7840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Medical Care Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24480

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donald Lee Nofziger

Mailing Address 2055 Reading Rd Ste 420

City

Cincinnati

State

OH

Zip Code

45202-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shalom Pediatric Associat-  
es Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24439

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ruby Nell Nucklos

Mailing Address 2401 Shellbrook Ln

City

Toledo

State

OH

Zip Code

43614-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Toledo Coll-  
ege Of Medici

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24458

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Surendra Kumar

Mailing Address 30179 Morningside Dr

City

Perrysburg

State

OH

Zip Code

43551-5902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surendra Kumar MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24475

Amount of Each Receipt this Period

220.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Robert Huey, Jr.

Mailing Address 6863 Rose Glen Dr

City

Dayton

State

OH

Zip Code

45459-1392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Huey & Weprin OB/GYN

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24494

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Vincent F Jabour

Mailing Address 4 Delaware Xing

City

Wooster

State

OH

Zip Code

44691-6904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vincent Jabour MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24455

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Russell Jennewine

Mailing Address 6850 Sloebig Rd

City

Middletown

State

OH

Zip Code

45042-9448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middletown Medical Group  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24503

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joe Michael Hazel

Mailing Address 2324 Saint Paris Pike

City

Springfield

State

OH

Zip Code

45504-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Dermatologists  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24476

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Margaret Mary LeMasters

Mailing Address 6 Cypress Garden St

City

Cincinnati

State

OH

Zip Code

45220-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
For Women Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24465

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James A Bryant

Mailing Address 1216 N Heincke Rd  
Box 54

City State Zip Code  
 Miamisburg OH 45342-2008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ohio Pediatrics Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 8

Transaction ID: T24500

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. John A Burkhart

Mailing Address 4035 Fenwick Rd

City State Zip Code  
 Columbus OH 43220-4845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 8

Transaction ID: T24420

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Joseph Armstrong

Mailing Address 6045 Miakonda Trl

City State Zip Code  
 Sylvania OH 43560-2244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Westfield OB/GYN Associat-  
es

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 8

Transaction ID: T24433

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dean Ray Ball

Mailing Address PO Box 5560

City

Poland

State

OH

Zip Code

44514-0560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mahoning Valley Imaging

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24446

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Louis Luke Barich

Mailing Address 549 Main St

City

Hamilton

State

OH

Zip Code

45013-3272

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Louis Luke Barich MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24493

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Denise Louise Bobovnyik

Mailing Address 3716 Tyler Dr

City

Canfield

State

OH

Zip Code

44406-8008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Primary Care Specialists  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24459

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mary Jane Gombash

Mailing Address 4571 Westbourne Rd

City

Toledo

State

OH

Zip Code

43623-2015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Substance Abuse Services  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24472

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Louis Jos R Goorey

Mailing Address 2201 Castle Crest Dr

City

Worthington

State

OH

Zip Code

43085-2901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24428

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Richard Fox

Mailing Address 127 Highland Dr

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blanchard Valley Medical  
Associates In

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24417

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Louito Catherina Edje

Mailing Address 1399 Fort St

City

Maumee

State

OH

Zip Code

43537-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fallen Timbers Family Phy-  
sicians IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24469

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel J Clemens

Mailing Address 1145 Clearview Dr SE

City

New Philadelphia

State

OH

Zip Code

44663-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuscarawas Eye Centre IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: T24425

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Toledo OB/GYN Associa-  
tes IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: T24519

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Warren F Muth

Mailing Address 7021 Garrison Ct

City

Dayton

State

OH

Zip Code

45459-3447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Dayton Surgeons Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24533

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alva Burton Payne

Mailing Address 2119 N Second St

City

Ironton

State

OH

Zip Code

45638-1055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24531

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Foster Colombo

Mailing Address 484 N Parkview Ave

City

Columbus

State

OH

Zip Code

43209-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSU Maternal Fetal Medi-  
cine

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24538

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 42

(check only one)

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Vincent Mark Gioia

Mailing Address 35 Jenna Way

City

Wheeling

State

WV

Zip Code

26003-5669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Eye Care IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24534

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregor Kreul Emmert, Jr.

Mailing Address 2620 Falmouth Rd

City

Toledo

State

OH

Zip Code

43615-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genito Urinary Surgeons  
IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24529

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Harley Alfred Grim

Mailing Address 407 Compton Rd

City

Cincinnati

State

OH

Zip Code

45215-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harley A Grim MDOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24537

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Emil Centa

Mailing Address 1711 Seminary Rd

City

Milan

State

OH

Zip Code

44846-9471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joseph E Centa MD LLC

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24535

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. James A Bryant

Mailing Address 1216 N Heincke Rd  
Box 54

City

Miamisburg

State

OH

Zip Code

45342-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Pediatrics Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24539

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Herman Irwin Abromowitz

Mailing Address 4255 Brookhill Ln

City

Dayton

State

OH

Zip Code

45405-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24532

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Walter James Wielkiewicz

Mailing Address 5180 Heritage Dr

City

Nashport

State

OH

Zip Code

43830-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PrimeCare Of Southeastern  
Ohio Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: T24530

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. David William Wiltse

Mailing Address 1193 Balmoral Dr

City

Cincinnati

State

OH

Zip Code

45233-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Health Associates  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: T24550

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Toledo OB/GYN Associa-  
tes Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: T21582

Amount of Each Receipt this Period

35.71

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

635.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Womens Care Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: T23246

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Robert Lach

Mailing Address 6972 Harbor Dr NW

City

Canton

State

OH

Zip Code

44718-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Medical Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: T23952

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City

Urbana

State

OH

Zip Code

43078-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians Of Urba-  
na Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.81

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: T24618

Amount of Each Receipt this Period

104.17

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

287.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robyn Fortner Chatman

Mailing Address 6310 Elwynne Dr

City

Cincinnati

State

OH

Zip Code

45236-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Family Medicine

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: T24646

Amount of Each Receipt this Period

35.79

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Ann Clark

Mailing Address 4038 Clifton Ridge Dr

City

Cincinnati

State

OH

Zip Code

45220-1146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
For Women Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: T24642

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Terry House

Mailing Address 5501 Sagewood Dr

City

Miamisburg

State

OH

Zip Code

45342-7876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: T24674

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

835.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 28 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Alan Edgin

Mailing Address 4320 Woodhall Rd

City

Columbus

State

OH

Zip Code

43220-4378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Gastroenterology Gro-  
up Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: T24685

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Louis Buente

Mailing Address 1454 Tipton Ln

City

Stout

State

OH

Zip Code

45684-8969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Ohio Radiologists  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: T24688

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Louis William Ralofsky

Mailing Address 220 Yorkshire Pl

City

Bellevue

State

OH

Zip Code

44811-9006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOMS Lifestages Family Pr-  
actice

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: T24687

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David B Robie

Mailing Address 4605 Sawmill Rd

City

Upper Arlington

State

OH

Zip Code

43220-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Orthopedic Center Of  
Excellence IOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: T24686

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Colette Renee Willins

Mailing Address 35985 Bentley Dr

City

Avon

State

OH

Zip Code

44011-1888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Physicians CentersOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: T24720

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Robyn Fortner Chatman

Mailing Address 6310 Elwynne Dr

City

Cincinnati

State

OH

Zip Code

45236-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Family MedicineOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: T24800

Amount of Each Receipt this Period

35.79

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

835.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Francis Brezny

Mailing Address 4339 Village Club Dr

City

Powell

State

OH

Zip Code

43065-7324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians At Wedg-  
ewood

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: T24560

Amount of Each Receipt this Period

125.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Womens Care Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: T23247

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Ophthalmology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: T24601

Amount of Each Receipt this Period

125.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

333.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott Thomas Dull

Mailing Address 2909 Pembroke Rd

City

Toledo

State

OH

Zip Code

43606-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neurosurgical Network Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: T24593

Amount of Each Receipt this Period

125.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City

Urbana

State

OH

Zip Code

43078-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians Of Urba-  
na Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: T24619

Amount of Each Receipt this Period

104.17

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Toledo OB/GYN Associa-  
tes Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: T21583

Amount of Each Receipt this Period

35.71

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

264.88

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Robert Lach

Mailing Address 6972 Harbor Dr NW

City

Canton

State

OH

Zip Code

44718-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Medical IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: T23953

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Cathleen Minges Mucenski

Mailing Address 7870 Dennler Ln

City

Cincinnati

State

OH

Zip Code

45247-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamilton Anesthesia Assoc-  
iates IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

Transaction ID: T24909

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Gary Steven Collier

Mailing Address 4160 Tallman Trl

City

Dayton

State

OH

Zip Code

45430-1970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miami Valley HospitalOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

Transaction ID: T24905

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

25896.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 42

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Morgan Chase Bank

Occupation  
BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3764.18

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: T25012

Amount of Each Receipt this Period

19.52

A Credit to the Federal  
Account

**B.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Morgan Chase Bank

Occupation  
BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3791.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 8

Transaction ID: T25013

Amount of Each Receipt this Period

27.19

A Credit to the Federal  
Account

**C.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Morgan Chase Bank

Occupation  
BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3828.83

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: T25014

Amount of Each Receipt this Period

37.46

A Credit to the Federal  
Account

**SUBTOTAL** of Receipts This Page (optional) .....

84.17

**TOTAL** This Period (last page this line number only) .....

84.17

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 42

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) AMPAC	<b>Transaction ID:</b> A1722894 <b>Date of Disbursement</b>																				
Mailing Address 25 Massachusetts Ave NW Ste 600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	8												
City Washington State DC Zip Code 20001-7400	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AMPAC certification Candidate Name	<table border="1"> <tr> <td colspan="10">2030.00</td> </tr> </table>	2030.00																			
2030.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMPAC	<b>Transaction ID:</b> A1722896 <b>Date of Disbursement</b>																				
Mailing Address 25 Massachusetts Ave NW Ste 600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	0	8												
City Washington State DC Zip Code 20001-7400	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AMPAC certification Candidate Name	<table border="1"> <tr> <td colspan="10">550.00</td> </tr> </table>	550.00																			
550.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMPAC	<b>Transaction ID:</b> A1722907 <b>Date of Disbursement</b>																				
Mailing Address 25 Massachusetts Ave NW Ste 600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	0	8												
City Washington State DC Zip Code 20001-7400	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AMPAC certification Candidate Name	<table border="1"> <tr> <td colspan="10">6600.00</td> </tr> </table>	6600.00																			
6600.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

9180.00

**TOTAL** This Period (last page this line number only) .....

9180.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Matt Dolan	<b>Transaction ID:</b> A1722958 <b>Date of Disbursement</b>																				
Mailing Address 1500 W 3rd St Ste 120	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	8												
City Cleveland State OH Zip Code 44113-1447	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution - Returned Check	<table border="1"> <tr> <td>-2200.00</td> </tr> </table>	-2200.00																			
-2200.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) People For Wyderski	<b>Transaction ID:</b> A1722966 <b>Date of Disbursement</b>																				
Mailing Address 164 Earlsate Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	8												
City Dayton State OH Zip Code 45440-3666	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution - Returned Check	<table border="1"> <tr> <td>-500.00</td> </tr> </table>	-500.00																			
-500.00																					
Candidate Name People For Wyderski	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) The Printing Network Inc	<b>Transaction ID:</b> A1722971 <b>Date of Disbursement</b>																				
Mailing Address 490 City Park Ste 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	8												
City Columbus State OH Zip Code 43215-5780	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Returned Check	<table border="1"> <tr> <td>-572.58</td> </tr> </table>	-572.58																			
-572.58																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**-3272.58**

**TOTAL** This Period (last page this line number only) .....

**-3272.58**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Jim Raussen

Mailing Address 661 Park Ave

City  
Cincinnati

State  
OH

Zip Code  
45246-2115

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1722893

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Husted For Ohio

Mailing Address 148 Sherbrooke Dr

City  
Kettering

State  
OH

Zip Code  
45429-1742

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1722892

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

The Printing Network Inc

Mailing Address 490 City Park Ste 200

City  
Columbus

State  
OH

Zip Code  
43215-5780

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1722895

Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

13039.37

**SUBTOTAL** of Disbursements This Page (optional) .....

14039.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mecklenborg For State Representative

Mailing Address 6648 Pownerfarm Dr

City Cincinnati State OH Zip Code 45248-2972

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1722897

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Karen Gillmor For Ohio

Mailing Address 514 Hedgegate North Ct

City Tiffin State OH Zip Code 44883-3183

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1722902

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Batchelder For Representative Committee

Mailing Address 105 W Liberty St

City Medina State OH Zip Code 44256-2215

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1722899

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Hottinger

Mailing Address 2135 Horns Hill Rd

City  
Newark

State  
OH

Zip Code  
43055-9614

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1722898

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Committee To Elect John Adams

Mailing Address 1509 Bon Air Cir

City  
Sidney

State  
OH

Zip Code  
45365-2068

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1722900

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Fende For State Representative

Mailing Address 372 E 328th St

City  
Eastlake

State  
OH

Zip Code  
44095-3308

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1722901

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Bill Coley

Mailing Address 8265 Cherry Laurel Dr

City  
Middletown

State  
OH

Zip Code  
45044-8347

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1722905

Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Shannon Jones

Mailing Address 800 Valley View Point

City  
Springboro

State  
OH

Zip Code  
45066-9097

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1722904

Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Matt Dolan

Mailing Address 1500 W 3rd St Ste 120

City  
Cleveland

State  
OH

Zip Code  
44113-1447

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1722903

Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ohio House Democratic Caucus

Mailing Address 340 E Fulton St

City Columbus State OH Zip Code 43215-5418

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1722906

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 5 / 1 5 / 2 0 0 8

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Citizens For Combs

Mailing Address 311 Niles Rd Ste F

City Fairfield State OH Zip Code 45014-2621

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1722908

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 5 / 2 0 / 2 0 0 8

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Citizens For Jim Hughes

Mailing Address 14 E Gay St 2nd Fl

City Columbus State OH Zip Code 43215-3182

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1722909

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 6 / 0 2 / 2 0 0 8

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ohio Republican Party Judicial Fund

Mailing Address 211 S 5th St

City Columbus State OH Zip Code 43215-5203

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
State: District: ☐ Other (specify) ▼

State: District:

Transaction ID: A1722911

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

15000.00

**B.** Full Name (Last, First, Middle Initial)  
Committee To Elect David Goodman

Mailing Address 7250 Talanth Place

City New Albany State OH Zip Code 43054-7002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
State: District: ☐ Other (specify) ▼

State: District:

Transaction ID: A1722912

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Matt Dolan

Mailing Address 1500 W 3rd St Ste 120

City Cleveland State OH Zip Code 44113-1447

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
State: District: ☐ Other (specify) ▼

State: District:

Transaction ID: A1722913

Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

18500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ohio Democratic Party

Mailing Address 271 E State St

City  
ColumbusState  
OHZip Code  
43215-4342

Purpose of Disbursement

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1722914

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

Amount of Each Disbursement this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Citizens For Wagoner

Mailing Address 3331 Pelham Rd

City  
Ottawa HillsState  
OHZip Code  
43606-2469

Purpose of Disbursement

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1722915

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

39239.37